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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 0819-374 First Inventor or Application Identifier: Takeshi TAKAGI et al. Title: BIPOLAR TRANSISTOR AND SEMICONDUCTOR DEVICE Express Mail Label No.	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages [62] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets [14]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages [3] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p> <p>7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p> <hr/> <p style="text-align: center;">ACCOMPANYING APPLICATION PARTS</p> <p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS Citations <i>(IDS)/PTO-1449</i></p> <p>12. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired <i>(PTO/SB/09-12)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input checked="" type="checkbox"/> Other: Notice of Change of Company Name and Address</p> <p style="font-size: small;">*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.</p>	
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Divisional of prior application Serial No. <u>09/252,908</u>, filed February 19, 1999 Prior application information: Examiner: <u>J. Guay</u> Group/Art Unit: <u>2814</u></p>			
18. CORRESPONDENCE ADDRESS			
<p><input checked="" type="checkbox"/> Customer Number or Bar Code Label Customer No. 22204 or <input type="checkbox"/> Correspondence address below</p> <p style="text-align: center;"><small><i>(Insert Customer No. or Attach bar code label here)</i></small></p>			
<p>Name: Eric J. Robinson Firm: NIXON PEABODY LLP Address: 8180 Greensboro Drive, Suite 800 City: McLean State: VA Zip Code: 22102 Country: U.S.A. Telephone (703) 790-9110 FAX (703) 883-0370</p>			
Name: Eric J. Robinson		Registration No. 38,285	
Signature		Date: <u>9-8-99</u>	

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FEE TRANSMITTAL		Complete If Known																																																	
<i>Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</i>		Application Number																																																	
		Filing Date		September , 2000																																															
		First Named Inventor		Takeshi TAKAGI et al.																																															
		Examiner Name		J. Guay																																															
		Group Art Unit		2814																																															
TOTAL AMOUNT OF PAYMENT		\$690.00		Attorney Docket Number		0819-374																																													
METHOD OF PAYMENT (check one)				3. ADDITIONAL FEES Large Entity Small Entity																																															
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No. 19-2380 Deposit Account Name: NIXON PEAODY LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				FEE CALCULATION (continued)																																															
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1. BASIC FILING FEE <table border="0" style="width: 100%;"> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td></td> <td></td> </tr> <tr> <td>101 690</td> <td>201 345</td> <td>Utility filing fee</td> <td>[690]</td> </tr> <tr> <td>106 310</td> <td>206 155</td> <td>Design filing fee</td> <td>[]</td> </tr> <tr> <td>107 480</td> <td>207 240</td> <td>Plant filing fee</td> <td>[]</td> </tr> <tr> <td>108 690</td> <td>208 345</td> <td>Reissue filing fee</td> <td>[]</td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td>[]</td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td>\$690.00</td> </tr> </table>				Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			101 690	201 345	Utility filing fee	[690]	106 310	206 155	Design filing fee	[]	107 480	207 240	Plant filing fee	[]	108 690	208 345	Reissue filing fee	[]	114 150	214 75	Provisional filing fee	[]	SUBTOTAL (1)			\$690.00																
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2. EXTRA CLAIM FEES <table border="0" style="width: 100%;"> <tr> <td>Extra Claims</td> <td>Fee from Below</td> <td>Fee Paid</td> </tr> <tr> <td>Total Claims <u>10</u> - 20** = <u>0</u> X \$18.00 = <u> </u></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims <u>1</u> - 3** = <u>0</u> X \$78.00 = <u> </u></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td>\$260.00 = <u> </u></td> <td></td> </tr> </table> **or number previously paid, if greater, For Reissues, see below <table border="0" style="width: 100%;"> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td></td> <td></td> </tr> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 78</td> <td>202 39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 260</td> <td>204 130</td> <td>Multiple dependent claim</td> <td></td> </tr> <tr> <td>109 78</td> <td>209 39**</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td>- 0 -</td> </tr> </table>				Extra Claims	Fee from Below	Fee Paid	Total Claims <u>10</u> - 20** = <u>0</u> X \$18.00 = <u> </u>			Independent Claims <u>1</u> - 3** = <u>0</u> X \$78.00 = <u> </u>			Multiple Dependent Claims	\$260.00 = <u> </u>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			103 18	203 9	Claims in excess of 20		102 78	202 39	Independent claims in excess of 3		104 260	204 130	Multiple dependent claim		109 78	209 39**	Reissue independent claims over original patent		110 18	210 9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			- 0 -				
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Eric J. Robinson				38,285																																															
Signature				Date		Deposit Account User ID																																													
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